2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000000370

1. Entity Name
MF PLANNING GROUP, LLC

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE, SUITE 1400 BRICKELL BAY OFFICE TOWER MIAMI, FL 33131	1001 BRICKELL BAY DRIVE, SUITE 1400 BRICKELL BAY OFFICE TOWER MIAMI, FL 33131

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04202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0889013
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, HOWARD L
1001 BRICKELL BAY DR.
SUITE 1400
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

100000531782
05/06/06-80057-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSENBAUM, DAVID
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 1400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/20/06 305-371-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #